DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: VILLA ST FRANCIS (310120)

Address: 1910 W OHIO AVE, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 10/18/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093469 End Date: 09/09/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090941 End Date: 07/31/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 02/02/2004 Date Investigation Completed: 09/09/2004

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED PHYSICAL PLANTS & SAFETY HAZARDS NOT SUBSTANTIATED

Date Complaint Received: 06/27/2003 Date Investigation Completed: 07/31/2003

Subject Area(s) Result SOD #

PROGRAM SERVICES SUBSTANTIATED NOT RECORDED

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